



bulletin

of the
**mahoning
county
medical
society**

THIS issue is dedicated to the memory of Dr. John Chalmers DaCosta, a great and fearless surgeon, a medical philosopher and propounder of homely truths, and a beloved and inspiring teacher.

And to the memory of the other medical giants of Philadelphia and elsewhere, a vanishing race of Titans, many of whom have died in the past few years.

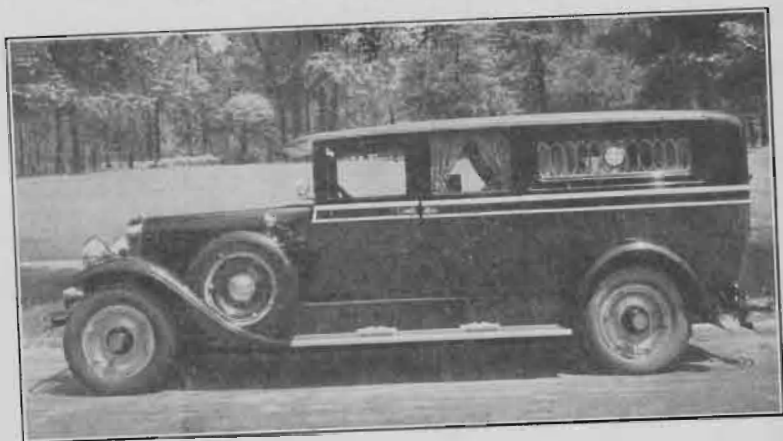
And, last but not least, to the memory of the privates in the army of healing, in our own and other communities, who have devoted their lives to the alleviation of pain and suffering, and who have recently fallen in the ranks.

june 1933

volume three

number six

MEN AND EQUIPMENT



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Both considerations are important; sufficiently so that BOTH should be given thought when selecting an Invalid Coach.



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For the Love of Fido—Don't Forget—that Heberding's Milk is the best obtainable and such milk is imperative during hot summer days.

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is sold in its natural state thus it contains all of the original food elements necessary for body nourishment.

is sold to you because we believe that better food makes better bodies for finer citizenship.

We hope we merit the above "Pedigreed" which was designed by one of our Doctor friends who enjoys Heberding's Indian Creek Farm Milk.

N. B.—Ralph White not only believes that the members of the Mahoning County Medical Society should patronize their advertisers, he also believes that the advertisers should patronize one another. Stop in at his store at 1 Wick Ave., and enjoy a real malted milk made with Heberding's Milk and patronize two advertisers at one sitting.

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Tippecanoe Road, Canfield, Ohio

Florence L. Heberding

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is produced from average cows (many of questionable health) and is handled by numerous persons not acquainted with proper methods of sanitation.

is from 50 to 72 hours old when the consumer receives it.

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Lest we forget Dextri-Maltose
the carbohydrate
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No. 1 Maltose 51%. Dextrins 42%. NaCl 2%. H₂O 5%.

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"The dextrin-maltose preparations possess certain advantages. When they are added to cow's milk mixtures, we have a combination of three forms of carbohydrates, lactose, dextrin and maltose, all having different reactions in the intestinal tract and different absorption rates. Because of the relatively slower conversion of dextrins to maltose and then to dextrose, fermentative processes are less likely to develop. Those preparations containing relatively more maltose are more laxative than those containing a higher percentage of dextrin (unless alkali salts such as potassium salts are added). It is common experience clinically that larger amounts of dextrin-maltose preparations may be fed as compared with the simple sugars. Obviously, when there is a lessened sugar tolerance such as occurs in many digestive disturbances, dextrin-maltose compounds may be used to advantage." (Queries and Minor Notes, J. A. M. A., 88:266)

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For Nervous and Mild Mental Disorders. Located at Mercer, Pennsylvania, thirty miles from Youngstown. Farm of one hundred acres with registered, tuberculin - tested herd. Re-educational measures emphasized, especially arts and crafts and outdoor pursuits. Modern laboratory facilities.

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DOCTOR'S NIGHT!

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THE PRESIDENT'S PAGE

There are few problems upon which a variety of opinion does not exist. The final truth is arrived at when the pros and cons are weighed with an open mind. This requires a certain amount of freedom from bias and respect for the other fellow's opinion.

During the life of The Bulletin many articles have appeared, on the subject matter of which all of the members could agree. There were others which did not coincide with the opinions of some of the members. The Bulletin, being, in a measure, a medical forum and a medium for expression of medical ideas and opinions, must, of necessity, publish articles on controversial subjects. It is essential that both sides of some problems be discussed. The freedom of opinion of any member wishing to contribute to the pages of the Bulletin is not questioned at any time. Any member is welcomed to air his ideas in its pages, providing that he has something of interest and that space is available. Every member may be assured that his ideas and suggestions will be given the same consideration as those of the regular contributors.

While the Society does not always subscribe to all the ideas prescribed in the publication, the editorials and reports are in a great measure the expression of medical opinion in this community, and, for this reason, it is urged upon every member to present any problems or suggestions which would benefit the medical society.

Controversial subjects will come up, from time to time, not only in the Bulletin, but in the policies and programs of the Society. It should be remembered that the policies of the administration are intended for the good of the Society, and the community. To those who disagree, we make a plea for tolerance to the other man's viewpoint. We ask them to be free with their opinions and criticisms, so long as they are constructive and are given in the spirit of friendly cooperation.

J Paul Harvey

SECRETARY'S REPORT

In the early part of May, Council gave much attention to newspaper publicity in regard to the care of the indigent sick of our County. The newspapers attempted to bring to light the improper handling of these cases. Our president was quoted, using the articles published on the April president's page as his statements. After due consideration, Council decided to bring this matter to the attention of the society as a whole, which was done on May 16th at the regular monthly meeting. At that meeting the society instructed the president to appoint a committee to formulate a plan and interview the proper authorities and report back to the society for its approval. This com-

mittee is composed of Drs. W. X. Taylor, Chairman; Collin Reed, Samuel Sedwitz, A. Rosapepe, W. K. Stewart, and J. B. Nelson.

On May 16th, 1933, the society was addressed at the regular monthly meeting by Dr. George J. Heuer, Professor of Cornell University and Surgeon in Chief of the New York Hospital. He presented a new line of thought in "Surgery of the Thorax", stressing the point that this was the only cavity the body that the surgeon had not attacked. The address was received with enthusiasm by about 125 members and guests, after which our regular monthly business meeting was held.

IN THIS ISSUE

Through the courtesy of The Cleveland Academy of Medicine, we are reprinting the biography of Dr. Peter B. Allen, a pioneer physician of our neighboring village, Kinsman. The woodcut illustrations are by Dr. L. J. Karnosh. This article was taken from a book, "Pioneers of Medicine in Western Reserve", which was published by The Cleveland Academy. The book contains a number of interesting sketches of early physicians in the Reserve and is sold at eighty cents per copy.

Dr. F. W. McNamara has written an inspiring sketch of Dr. John Chalmers DaCosta. Dr. McNamara was a student of Dr. DaCosta and wrote this with much feeling and admiration.

Judge W. P. Barnum has kindly contributed "Medical Witnesses" an enlightening article on legal medi-

cine, which is in keeping with our Medico-Legal meeting.

We welcome "The Mahoning County Health News" a "rival" publication which is issued by Dr. Geo. Y. Davis, county health commissioner. It is a very lively leaflet which has much interesting information. We should like to suggest that the information contained in it would be of much value to the general public, and that the press and other lay agencies be put on the mailing list, if that has not already been done.

Dr. W. H. Bunn has an interesting case report. Any member who has a case which he wishes to report please communicate with the Bulletin office.

Dr. L. E. Phipps gives our friends, the lawyers a good natured "razz".

FROM THE PUBLIC RELATIONS COMMITTEE

Dr. Robert G. Mossman, chairman of this committee will receive all complaints against Baby Welfare Service and the names of any families which are receiving charitable service and which the family physician does not deem entitled to it.

Dr. Mossman will submit the names of such families to the Visiting Nurses Association for investigation, which has promised to cooperate in an endeavor to correct any abuses which may be reported.

IN MEMORIAM

WILLIAM HAVERFIELD TAYLOR, A. B., M. D.

OCT. 9, 1876 – JUNE 1, 1933



William Haverfield Taylor,

Dr. W. H. Taylor was born in Kyoto, the old capital of Japan, at the Nakayama Yashiki, a palace adjoining that of the Mikado Matsuhito, in whose picturesque garden he played in his early childhood.

His father Dr. Wallace Taylor, who was for forty years a medical missionary in Japan, was a surgeon, medical organizer and writer of international fame.

Dr. Taylor's parental ancestors came to America from England in the early days of this country. His mother was Mary Wisner whose Dutch ancestor Johannis Wisner came to America in 1714 as an officer of the soldiers sent over by Queen Anne.

At the age of 9 Dr. Taylor was brought to this country for his education. He was graduated from Oberlin College with the degree of A. B. in 1899. He then studied medicine for two years at The University of Michigan and graduated with the degree of M. D. from Rush Medical College, Chicago, in 1902.

Following graduation he served as interne at Lakeside Hospital, Cleveland, Ohio, under Dr. Dudley P. Allen. In 1904 he came to Youngstown as resident physician of The Youngstown Hospital. After this he took up general practice for a while in Niles, but returned to Youngstown, where he remained in active practice until his last illness.

Since February 21st, 1933, Dr. Taylor has been confined to the North Side Unit of the Youngstown Hospital. His illness began several months before that date.

He is survived by his wife Ellen Scranton Belden Taylor, and two daughters, Ellen Scranton Taylor, a student at Wellesley College and Mary Wisner Taylor, a student in high school, and by three brothers, Carl Cravath Taylor, of Chicago, Ill., John Wallace Taylor of Cincinnati, Ohio, and Robert Merrill Taylor of Montana, and by a sister Harriet Taylor, of Oberlin, Ohio.

Dr. Taylor was a member of The First Presbyterian Church.

Dr. Taylor was an active member of The Mahoning County Medical Society since 1905 and a senior member of the staff of The Youngstown Hospital. He was an earnest and conscientious physician who gave himself unsparingly to his practice, much of his work being among the poor and needy. He was genial and gracious to his patients and colleagues and was never heard to speak harshly of anyone. He was loved for his mild and unostentatious manner, his sincerity and kindness of heart.

The members of The Mahoning County Medical Society keenly regret the untimely passing of Dr. Taylor and send their heartfelt condolences to the bereaved family.

THE MAHONING COUNTY MEDICAL SOCIETY
BULLETIN

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} Associate Editors

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TYPHOID

We have in our files a very comprehensive survey of the typhoid cases in Youngstown for 1932, which was written at our request by Dr. Lewaaron Moyer and which unfortunately, on account of its size, we are unable to print in full.

The substance of the article and the conclusions drawn may be briefly summarized as follows:

1. The number of cases for the past six years in Youngstown in 1927, '28, '29, '30, '31, and '32, were 20,-19,-23,-4,-6 and 28 cases respectively, thus showing an increase in the last year tabulated.

2. Youngstown showed one case per 6,071 population, which was decidedly higher than Struthers, Campbell or the County.

3. The peak of the number of cases occurred during July, August and September, the months during which the city harbored the greatest number of transients, also the months during which we consume more green vegetables.

4. In 85% of cases the water consumed was from wells, which, undoubtedly, was of questionable safety.

5. The City water supply and the recognized dairies were exonerated as possible sources of infection. (Since the writing of the article there have been reports of bootleg milk being sold in the outskirts of the city, which would be a potential source of danger.)

6. No direct relationship was found between the shutting off of the city water for non payment of bills and the incidence of typhoid. The writer, however, points out that shutting off of city water is not conducive of the best interests of sanitation, and, inasmuch as those families have to depend for their water supply on unproven sources, would furnish a potential source of danger.

As the summer months are approaching we will no doubt see more cases of typhoid and some thought on the subject and a few words to the public are timely and in order.

The incidence of typhoid can be greatly diminished by following a few simple rules of hygiene and sanitation:

1. Do not drink water the source of which is not known, or, if it must be drunk, boil the water.

2. Do not buy milk from unknown sources.

3. Before going on a trip into a location where the source of water is not known, the best protection is prophylactic typhoid vaccine. The late war has proven the efficacy of this measure; and the small inconvenience and cost of prophylaxis fully protect one against a very serious, protracted and frequently fatal disease. Any physician is prepared to give the prophylactic injections.

4. Do not bathe in doubtful swimming places.

The incidence of typhoid fever in Youngstown is not greater than a large number of other communities, but the disease is so serious, and the preventive measures are so simple that, with the proper sanitary precautions and prophylaxis, there is no reason why typhoid should not be wiped out. L. D.

LOOK WELL TO THIS DAY!

While reading Cushing's inspiring Life of Sir Wm. Osler, the other night, I ran on to this quotation:

Listen to the Exhortation of the Dawn!

Look to this Day!

For it is Life, the very Life of Life.

In its brief course lie all the

Verities and Realities of your Existence:

The Bliss of Growth,

The Glory of Action,

The Splendor of Beauty;

For yesterday is but a Dream

And Tomorrow is only a Vision;

But To-day well lived makes

Every Yesterday a Dream of Happiness,

And every Tomorrow a Vision of Hope.

Look well therefore to this Day!

Such is the Salutation of the Dawn!

Do we doctors not forget this all too much? Far be it from me to "preach", for I myself am guilty! Most of us are so intent upon "getting out of these trying times",—are so anxiously looking to the dawn of that bright future day when things shall be "better", that we scarcely see the flowers and the blue sky, or the warm smile of beloved friends! We were "haywire" in 1929; maybe we're still a little "cuckoo"!

C. B. N.



ADVERTISING

There has been some criticism of the zeal with which the business office of the Bulletin has been soliciting advertising from some of the pharmaceutical houses. The Bulletin is always ready to accept criticism and suggestions from the members. It should be remembered, however, that with reduced dues and expensive scientific programs, the Society cannot underwrite the Bulletin, and that advertising is the only means by which the Bulletin is made possible.

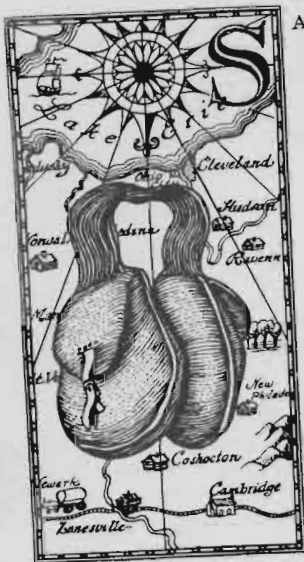
Nor is it unfair to ask some of the pharmaceutical houses, which advertise extensively in lay publications and other Society Bulletins, to advertise with us. This is their one way of showing their appreciation of the support we have given them for years. We ask nothing individually, but we are not unreasonable in expecting them to support the Bulletin which has become an integral part of the Society. It is our official organ and the medium of expression for the members of the Society. We feel that the Bulletin does much to raise the level of medical care by bringing to the attention of the people such health measures as small pox vaccination, etc. All that we are asking from the pharmaceutical houses is a small part of their advertising budget to enable us to carry on our health work.

It is not our intention to sand bag anyone into buying advertising, but it is not unfair to ask our members to bring to the attention of the pharmaceutical houses that Bulletin advertising will be more productive of returns than loads of pamphlets, blotters and samples.

J. B. B.

THE SADDLEBAGS OF PETER ALLEN

By Howard Dittrick, Cleveland
Illustrated by Dr. L. J. Karnosh



ADDLE bags of leather, hand sewn, more than a century old. Instinctively we touch them gently, but find them still sturdy, pliable, stoutly sewn. Unbuckle the flaps, and the odor of the harness maker's leather pervades and almost obscures the more delicate and subtle scents of the crude drugs of a past century, which are still within. Here was the whole stock and store with which Dr. Peter Allen rode out to meet the challenge of varied needs among the lonely log cabin settlers of the Western Reserve. Yet not the whole stock and store. We have as well his obstetrical forceps, and a little emergency kit of surgical instruments. But, most important of all, a great physician, studious, skillful and infinitely kind, brought them along on his solitary rides through a frontier wilderness.

They are in the Allen Memorial Library today, because his grandson, Dr. Dudley Peter Allen, whose memorial the library is, placed them in the old library together with a small group of treasured mementos of early medicine, which formed the nucleus of the present museum collection. The father of the latter was Dr. Dudley Allen. Thus the bags are associated with three generations of physicians, an illustrious family in the medical history of the Western Reserve.

To reconstruct the life and work of Dr. Peter Allen and the condition of his pioneer practice is but to pursue the trail of interest aroused by these things, together with his photograph and an historical sketch, all of which was left us by Dr. Dudley P. Allen. They are vibrant with the suggestion of fine personality.

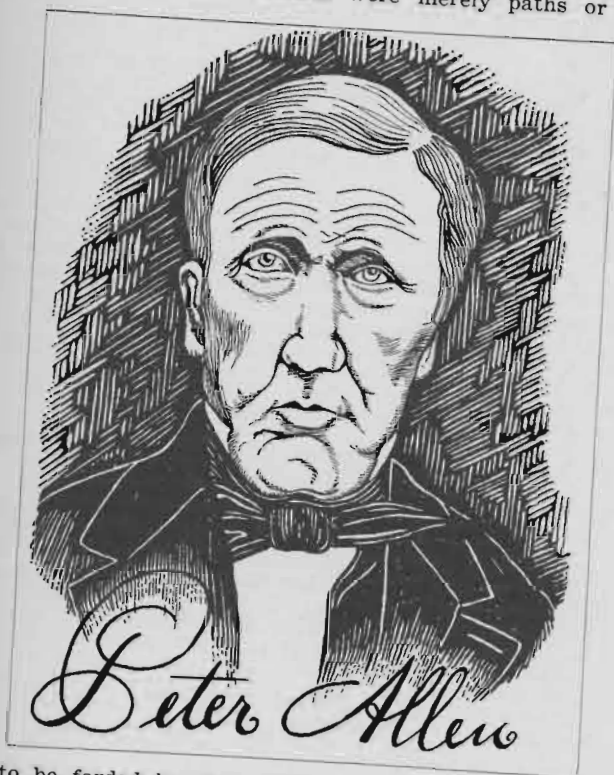
Within the bags are many original labelled packets of drugs and two leather cases for bottles, one for liquids, the second for powders. The packets are wrapped carefully in inner and outer papers and tied with rough home-spun linen thread. The contents are mainly crude drugs, in distinction to the processed drugs of a later era. Each packet contains the amount necessary for one decoction, and the dried herbs have preserved well their characteristic form and taste. Through the courtesy of the School of Pharmacy, exact identification has been made, though the liquid contents of bottles has vanished with time. However, the bottles themselves are of great interest, hand made, with delicate, slender necks and wide flanges, and contained in leather rolls tied with thongs.

We gain an insight, too, into the conditions he prepared to meet and for which he carried these precious drugs which he is said to have purchased invariably in Pittsburgh. Among the packets there were senna, rhubarb, and calomel for laxatives, while for diarrhoea there was bismuth subnitrate and mercury with chalk. Quinine was ready for malaria and other fevers. *Serpentaria*, iron pyrophosphate, and iron and ammonium citrate were used as tonics and blood purifiers, and valerian as a nerve vitalizer. A distinctive bottle, unmarked and with well worn cork, contained morphine, suggesting frequent use in the days of no anesthesia. Digitalis leaves, well preserved, suggested bad hearts even then. In one package was a mixture of senega, Irish moss and sarsaparilla to which he sometimes added from the packet of squills or from the morphine bottle, to provide a cough mixture. For the child with worms there was pumpkin seed, and as vehicles he carried Irish moss and the compound tincture of cardamom. These drugs appear quite potent today, and reflect precision and care in handling.

June, 1933 ✦

Born on a farm near Norwich, Conn., on July 1, 1787, of Massachusetts Bay Colony lineage, he was educated in a select school there until his sixteenth year, when he began to teach. In 1806, during his nineteenth year, his father sold the farm and moved with his family to Ohio, leaving Peter to complete a three-year medical course which he had begun under Dr. Phineas Tracy of Norwich, the consideration being one hundred dollars. Meanwhile Peter had charge of the village academy and thus met living expenses. In 1808 he arrived in Kinsman, Ohio, where his father had located, having ridden west on horseback, taking along in his saddle bags a few instruments and books from Connecticut, and a small stock of drugs from Pittsburgh. Dr. Allen built a small log cabin office and during the first year he taught school in intervals of practice. But frontier physicians were few and he was soon ministering to a large area, even across the Pennsylvania border.

Hardships of pioneer practice were extreme. Absence from home might be of several days' duration. Roads were merely paths or blazed trails,



streams had to be forded in absence of bridges, and ability to swim was a prime requisite in every horse purchased. In spring and fall all trails were so bad that it was often necessary to go on foot, crossing streams on logs. Afoot or astride, crossing deep streams meant saturated clothing, and the precious saddle bags travelled on patient shoulders or held high out of the wet. At night a blazing torch of hickory bark showed the trail, and if this went out, further progress was usually impossible, and the saddle bags became a pillow. There are tales of urgent cases when the horse was tethered and the doctor plodded on afoot, literally feeling his way. At the journey's end the saddle bags were frequently hung over his knees, so that the contents were conveniently available. His perils and discomforts must have been extreme. Indeed, practice over an equal area today, with all travel comfort, would be unthinkable.

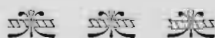


There was little in the medical training of his day to fit a man for surgery. No lectures were included and but little dissection, study being limited to the available books and anatomical plates. But enriched opportunity came to Dr. Allen, for during the war of 1812, he was surgeon in Colonel Hayes' regiment, his appointment being the first made to the army on the northern frontier of the state. Near Sandusky he found malaria to be a more deadly foe than the British, for this terminated his service prematurely. Though his volunteer service was never recompensed, he was subsequently enabled, because of his army surgical experience, to do most of the surgery in his part of the country. Fractures of limbs and cranium and severe axe injuries were frequent in clearing forests. He performed amputations of the leg and the arm, even at the shoulder joint, ligation of the femoral artery for aneurism, herniotomy, tracheotomy, and removal of tumors. Without the use of anesthetics or antiseptics, surgery was indeed a test of skill and courage. We note also that, during an epidemic of smallpox among the Indians, he treated them by inoculation with virus taken from other smallpox patients, the procedure then in vogue, and not a case was lost.

As for his private life, in 1813, after five years of practice, Dr. Allen married Charity Dudley, who was born in Bethlehem, Conn., on his own birthdate. They settled on the farm where he spent his life. In 1821 he built a house which is still standing, and which was very elegant for its time. Mrs. Allen died in 1840, and a year later he married Fannie Brewster Starr who lived only five years.

In 1825 his youngest brother, Dr. Francis T. Allen, entered practice with him, remaining four years. This gave him leisure for medical conventions and even for some public service. He often attended meetings of the physicians of Trumbull and Portage counties, and later those of the state association. In 1827 he rode to Columbus on horseback, to aid in the organization of the state medical society, the journey taking an entire week each way. He even served one term in the Ohio House of Representatives, but deplored their dilatory tactics and declined re-election. In 1837 his son, Dr. Dudley Allen, had just graduated from Western Reserve College and Jefferson Medical College and entered his father's practice.

Having relinquished active practice in 1832, Dr. Peter Allen continued to work in behalf of the profession. He attended as censor the medical college at Willoughby and later at Cleveland, taking an active part in the examination of students. As medical teaching was then conducted in physicians' offices, there were commonly from two to four students under his instruction. He was the first president of the Ohio Medical Convention in 1835, this being the parent body of the Ohio State Medical Association. In 1856 he became president of the latter. Until his death in 1864 at 77 years of age, he was erect and vigorous, walking from two to six miles a day. He was buried in the village burying ground at Kinsman.



DR. J. C. Da COSTA ON MEDICAL EXPERTS

The lawyer's denunciations of medical experts are often just. They do disagree—in fact, sometime they disagree like a supreme court. Many a one answers to Mark Twain's description of Fenimore Cooper "and deals freely in important omissions". Some present the naked truth, but many prefer to

go no further than the truth decolette. Every now and then an expert witness is found to possess one of those well trained memories which enable to remember everything advantageous and nothing harmful to that side of the case. Some medical experts cheerfully swear to things they would not bet on.

REPORT OF AN UNUSUAL CASE

The following case was of interest to a large group on the various services at the South Side Unit of the Youngstown Hospital. He was presented in clinic and came to autopsy.

M. J., male, age 45, was hospitalized 1-27-33, because of "exquisite" epigastric pain, the onset of which had been sudden, three days earlier, while patient was walking along the street. From time of onset to time of admission the pain was constant, with frequent exacerbations. When he tried to walk he would at times have to stop and "grab" his abdomen. He could not stand straight. He could not sleep because of the pain.

The patient, previous to onset, had been well but had lost eight to ten pounds in weight in the two months preceding. Aside from this, he stated that he had never had any previous serious illnesses. A right inguinal herniotomy was performed in 1928. He specifically stated that he had never had stomach trouble, indigestion or jaundice.

On admission to the hospital the patient was in great pain, had cramp-like colic in upper abdomen and there was continuous marked rigidity of abdominal muscles. The temperature was 102.8; respiration 22; pulse 106. He perspired profusely and coughed at frequent intervals. The leucocyte count was 26,500; polys 75%; S. 21; L. 1; E. 3. X-ray of the chest showed an old fibrotic tuberculous process in apex of the left lung. No evidence of pneumonia, although there were clinical signs found in the lung which suggested an acute inflammatory process, but these signs were not constant. Three days after admission he had a chill, the temperature being 104. Other chills occurred on 2-1-33 and 2-8-33.

On February 9, 1933 the surgical staff on duty agreed that the diagnosis of acute suppurative cholecystitis made on admission was still the cause of his symptoms. They felt that surgery was indicated at this time because of the persistence of fever, high leucocyte count and rigidity of abdominal muscles. The chest signs which had made earlier operation inadvisable had cleared somewhat. At the time of operation no pathology was found except a low-

grade chronic appendicitis. The appendix was removed. Subdiaphragmatic abscess had been considered as one possibility, and a thorough search was made of this region while the abdomen was open, but examination of the liver and subdiaphragmatic area was entirely negative.

On Feb. 14th, a second X-ray of chest was made and showed left diaphragm in high position and almost motionless. Miliary infiltration of entire left lung and upper portion of right lung. This amounted almost to consolidation in base of left lung. This was thought to be miliary tuberculosis.

On February 19th, a third X-ray of the chest was made which showed an increase in the signs as reported five days previously. X-ray again on the 14th of March showed increase over previous condition and suspicion of cavity in upper portion of left lung.

On April 11th last chest X-ray was made which showed decrease in amount of infiltration of left lung and increase in the right lung.

The patient continued to have septic temperature ranging from 104 to normal, with the exception of a few days of practically normal temperature about the middle of March. The physical signs of patient's chest increased. The leucocyte count remained constantly above 12,000. Repeated sputum examinations were negative for T. B. bacilli. One blood culture was made and found negative. The icterus index was normal. The patient was spitting up increased amount of purulent material which was not offensive. The laboratory report on this showed the usual organisms with some gram negative cocci. The patient steadily lost weight.

On April 10th a diagnosis of subdiaphragmatic abscess with multiple abscesses of lung was made by Doctor Raymond McKay. The patient rapidly grew worse and expired on April 25th, 1933.

Autopsy revealed a large abscess in the right diaphragmatic area of liver and multiple abscesses of both lungs. A culture of the liver abscess and the pleural fluid showed B. Coli.

Final diagnosis—Chronic tuberculosis; multiple lung abscesses with abscess of liver as primary focus.

W. H. Bunn.

**JOHN CHALMERS DaCOSTA, M. D.****NOVEMBER 15, 1863—MAY 16, 1933**

One of the most colorful careers in the history of American medicine ended on May 16, 1933, in the death of Dr. John Chalmers DaCosta, Samuel D. Gross Professor of Surgery at Jefferson Medical College.

Dr. DaCosta was born in Philadelphia, November 15, 1863. He received his preliminary education in the Friends Central School, later attending the University of Pennsylvania, where he was a special student in the Towne Scientific School in the class of 1882. He received his degree in medicine from Jefferson in 1885.

He began his professional career as resident physician at the Philadelphia General Hospital (Ol' Blockley) in 1885, and the following year was assistant physician in the insane department of that hospital. In 1887 he became assistant demonstrator in Anatomy at Jefferson Medical College, and assistant surgeon at Jefferson Hospital. In 1898 he became Professor of Clinical Surgery, and two years later acquired the title of Professor of Surgery. Perhaps his greatest honor came to him in 1901, when he was appointed Samuel D. Gross Professor of Surgery at his Alma Mater. He was consulting surgeon to many Philadelphia hospitals, and at one time was Commander, Medical Dept., U. S. Navy, R. F. He was a Fellow of the American Surgical Association, Fellow of the American College of Surgeons, Member of the College Physicians of Philadelphia, Associate Member of the Society of Gynecology and Surgery of Bucharest.

An incapacitating and painful arthritis compelled him, during the last decade of his life, to conduct his clinic and deliver his lectures from a wheel chair. He was unable to resume his college and hospital work at the beginning of the present academic year, yet he managed, with the utmost difficulty, to

complete the revision of the tenth edition of his most famous publication "A Manual of Modern Surgery".

He has published many literary contributions to surgery. Early in his career he initiated a medical authorship which brought him international recognition. In 1895 he published the first edition of his "Manual of Modern Surgery". In 1899 he became editor of the English edition of "Zuckerkandl's Operative Surgery", and in 1905 edited the American edition of "Gray's Anatomy".

As a clinician and teacher, Dr. DaCosta was surpassed by none. His vigorous personality, his keen analytical mind, his retentive memory, his wide knowledge of surgery, and his unusual gift of expression, not only made his clinics and lectures memorable events in student life, but were perennial attractions for visiting physicians and surgeons. He was the pride of the student body and Alumni of Jefferson. Although a stern disciplinarian, he was most human. Many a Jefferson student can attest to his generosity. His greatest admiration was directed to members of the Philadelphia Fire Dept.; his strongest aversion was for some members of the legal profession and quasi physicians.

His literary achievements other than scientific, are best expressed in his "Papers and Speeches" published in 1931. Here we find him master of the epigram and apothegm. The urge to quote a few is irresistible.

From "Behind the Office Doors":—"While a young man is trying to climb up the ladder of Fame, his chief difficulty is to avoid being knocked off by older men engaged in coming down."

"Each one of us, however old, is still an undergraduate in the school of experience. When a man thinks

June, 1933 ❖

he has graduated he becomes a public menace."

"One who operates for statistics declines to save some lives."

"Nothing is so efficient in clubbing the enthusiasm out of a man as the discovery that his best qualities are counted as detriments. Many a man has been surprised to find out that if he thinks, the world calls him a dreamer. If he studies, a book surgeon. If he stands on principles, an obstinate individual. If he is tenacious for a cause, a pugnacious personality. If he tells the truth, a rude, blunt and unpleasant mortal. If he joins no faction, one unwilling to act or constitutionally incapable of acting with his colleagues."

From "The Trials and Triumphs of the Surgeon":—

"Diagnosis by intuition is a rapid method of reaching wrong conclusion."

"The meek shall inherit the earth," but my experience is that in spite of inheriting it, they seldom get it. It is true that it rains upon the just and the unjust, but when

it does, the unjust are usually possessed of the umbrellas of the just."

"Some who approach the summit don't stay there long. They can't stand the altitude."

"When I read some statistics I wish it was the law that statistics could be written only in the shade of the Peepul tree. You know it is the tradition in India that in the shade of that tree only truth can be told. To tell a lie kills the liar."

"There are fashions in surgery just as there are in morals, millinery, religion, and war boats. They are just as transitory and often just as bizzarre."

A true estimate of Dr. DaCosta's tribute to Professor Samuel W. Gross, where he has written:— character is vividly reflected in his "brave, manly, modest, truthful, brilliant, learned, and forceful, he was a great teacher, a powerful writer, a gifted operator, a wonderful diagnostician, and an honorable man in every relation of life."

Dr. DaCosta is survived by his wife, who was May Roberts Brick, of Philadelphia.

F. W. McNamara, M. D.



THOSE FLANDERS FIELDS

In Flanders fields the growing grain
Now waves where once was strife and pain,
Though singing larks and poppies' breath
Still mark that rendezvous with death
Which ye failed not. We seek in vain
Ye who were lost that we might gain;
And while we weep, ye brave remain
Asleep beneath the poppies' breath
In Flanders fields.

We yet must learn for what ye fought,
At so great cost was victory brought.
Courageous hearts with honor filled,
Sweet voices now forever stilled,
It must not be ye sleep for naught
In Flanders fields!

Warren Deweese Coy.

JOINT MEETING
of the
Mahoning County Medical Society
and the
Mahoning County Bar Association

Tuesday Evening, June 27th

At The Youngstown Club

Speakers:

HON. F. ROLLIN HAHN

Youngstown, Ohio

Subject: "Medico-Legal Considerations
From the Standpoint of the Lawyer"

and

DR. EDWIN A. HAMILTON

Assistant Professor of Surgery, Ohio
State University, Columbus, Ohio

Subject: "Medico-Legal Considerations
From The Standpoint of The Doctor"

A Dinner at 6:30 P. M., at the Youngstown Club, at \$1.50
Per Plate, Will Precede the Meeting. Make Dinner Reservations
With Dr. O. J. Walker, 308 Home Savings & Loan Building.
Phone 7-6176.

THE following dates have been set by Dr. Karnosh for the presentation of his lectures on neurology.

1. Wed. June 21st at 8:30 P. M.
2. Fri. June 23rd at 8:30 P. M.
3. Mon. June 26th at 8:30 P. M.
4. Wed. June 28th at 8:30 P. M.
5. Mon. July 3rd at 8:30 P. M.
6. Fri. July 7th at 8:30 P. M.
7. Mon. July 10th at 8:30 P. M.
8. Wed. July 12th at 8:30 P. M.

The lectures will be given in the lecture room of the South Side Unit of the Youngstown Hospital.

GOLF TOURNAMENT

The first of a series of Golf Tournaments sponsored by the Mahoning County Medical Society will be held about the middle of July.

Details To Be Announced Later



MEDICAL WITNESSES

Under present conditions, practically every medical practitioner is called upon, sooner or later, to give testimony in the trial of either civil or criminal cases in court. By reason of the fact that a large number of personal injury cases, arising out of automobile accidents, are being constantly tried in this locality, it becomes important for both the legal and medical professions to have a proper, friendly understanding of their respective rights, duties and obligations, one toward another.

We appreciate that in our respective professions there are always certain individuals who entirely disregard any idea of friendly co-operation between the professions. In other words, they are actuated by purely personal, selfish motives. However, it is hoped that some means or method will be found where there can be a friendly, frank discussion of the many questions involving the relations between the lawyer and the physician, and if this article can be but a start towards a more friendly and co-operative understanding between those practicing their professions, much will have been accomplished.

In a discussion of medical testimony, or medical witnesses, we necessarily have to consider it from two standpoints, first, the physician or surgeon who appears in court to testify as an "attending physician", and, secondly, the medical witness who appears for the purpose of testifying as an "expert".

The general legal rule is that where a physician has been in regular attendance upon a litigant and is called upon to testify as to the injuries to or physical condition of the litigant, the medical witness is then permitted to take into consideration all of the statements, declarations, etc., of the patient to the physician. The reason for the rule is that the law presumes that a patient being attended by his regular physician will naturally state the truth to his attending physician, in the hope of thus assisting in a recovery, and, therefore, the law attaches to the statements made by the patient to his regular attending physician a certain degree of verity. On the other

hand, where a litigant, in preparation of a lawsuit, calls in one of the medical profession for the purpose of having a physical examination made, with the expectation not of having the physician treat him for his injuries or ailments, but simply to testify in Court, then the medical witness is not permitted to take into consideration statements made by the litigant to the examining physician, and in such case the medical witness must confine his testimony to conclusions based upon only subjective symptoms plus such hypothetical facts as are presented to him in open court. It therefore necessarily follows that only such hypothetical facts can be presented to the medical witness as have had some degree of proof during the trial of the case. Where a litigant has submitted himself to a physician for the sole purpose of having that physician testify in Court, the law does not import any verity to subjective symptoms.

The expert should always remember that although his opinions may be perfectly correct, the statement of facts in the hypothetical question propounded to him by counsel may have been proven not to exist. For this he is not at all responsible.

To take high rank as a medico-legal expert requires a thorough practical knowledge of the profession, keen eyes to observe and an impartial mind to reflect and decide upon the facts in each case. A man may be a most capable and proficient physician or surgeon and yet make a very poor medical witness.

The lawyers on both sides of the case have been for weeks, and it may be months, delving into the best medical and surgical books treating of the subject under investigation, whether it be insanity, disease, wounds or poisons, for the purpose of obtaining all possible light thereon; besides, they have consulted with their friends among the physicians as to the relative value of this or that medical authority; how this theory has been exploded and that one verified; of similar cases met with in practice, etc. All the information thus obtained they have at their tongues' ends. Then, too, they have thoroughly examined their leg-

al text books, and the reported cases; and in every direction and from all sources of knowledge they have gleaned information. To pass the ordeal of examination and cross-examination at the hands of lawyers thus prepared the physician comes, most frequently, with little special investigation and without any memoranda of the investigation he has made. Until he has been upon the witness stand a few times he apparently imagines that he will be allowed to tell his story to the jury, as he would deliver a lecture to a class of students, without interruption or contradiction.

It is undoubtedly true that the knowledge acquired and displayed by the lawyers in such cases is as a rule very superficial, and, if the positions could be reversed, and the physician become the examiner, might appear marvelously small. However, the physician is not cross-examined by those who are friendly to the opinions he has expressed, but those whose purpose and object are either to contradict his testimony, or else confuse and irritate him, and thus break its force; or, what is still more fatal to it, to lead him to express doubts about what he has been positive about on his examination in chief. This is what lawyers' clients expect them to do, and what the physicians summoned on the other side hope they may do and they frequently supply the lawyers with the weapons to accomplish this result. If the witness would escape this humiliation he should be always calm and collected and make ample preparation for the trial. Let him be sure of his knowledge, and not be afraid to say he "does not know," if that is the fact, bearing in mind, on the other hand, that if he does not know a thing which he ought to know, his confession of ignorance will detract much from the weight of his evidence.

The manner also of a witness goes far to inspire confidence or distrust in his testimony. He should not proceed in an equivocal, halting manner, but use affirmative terms or his testimony will not receive that degree of credit which it will if he coolly, firmly and candidly, without any real or apparent prejudice or hesitation, states distinctly what he knows and

upon what his knowledge is founded. If his manner upon the witness stand is open and free from that peculiar restraint and nervousness which is often the attendant of an honest witness and usually is supposed to characterize the interested or dishonest witness, and if he can give a clear and complete reason for his statements, then he will be believed. If, on the other hand, he is overexact or very loose in his statements, reluctant or unable to give a good reason for what he says, he will be distrusted and discredited.

Oftentimes the medical witness is confronted with the question of "privilege". The general rule of law is to the effect that the physician, lawyer, preacher or priest is not required to divulge or testify to anything concerning a communication made to him by his patient, client, or parishioner, but such physician, lawyer, preacher or priest may be compelled to so testify, unless the patient, client or parishioner claims the right of privilege. In other words, the so-called "privilege" belongs to the litigant and not to the physician or attorney.

Many times the so-called "privilege" is cast aside or rendered useless by the fact that the litigant has himself gone upon the stand and testified to certain facts, which makes it impossible for him later, when his physician is called to the stand, to insist upon invoking the so-called rule of "privilege". The best advice to a medical witness, therefore, when called to the stand as a witness, and if inquired of as to declarations made to him by his patient, would be to immediately turn to the trial judge and ask, in substance: "Am I required to answer that question?", and if the trial judge gives an affirmative answer, then, without any further hesitation, proceed to answer the question propounded.

Much has been said of late as to the claim that certain examining physicians retained by casualty and insurance companies seek to glean certain information from the injured claimant as to the facts surrounding the injury, and which are foreign to his then physical condition. It is a conceded fact that in any large city there are certain physicians who, by reason of their thoroughness, know-

ledge of medico-legal questions, and favorable manner and demeanor as a witness, are retained for the purpose of making examinations of injured claimants and reporting thereon to those who have retained them, and it is an admitted fact that those of the medical profession who have merited the retaining of their services in this respect probably have considerable income from this line of business.

The physician who hopes to be and to remain successful in this line of work must bear in mind, first, that the one who seeks his services desires an unbiased, unprejudiced, fair, complete picture of the claimant's claimed injuries; second, that an unjustifiably favorable report is but a postponement of the evil day, both for the examining physician and the trial lawyer, and the company conducting the defense; third, that the examining physician who unnecessarily seeks to make an investigation of facts irrelevant and outside the examining physician's office and function, will sooner or later gain an unenviable reputation among the legal fraternity, and that finally his services as a medical examiner will have to be dispensed with.

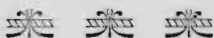
There can be no denying the fact that oftentimes the medical examiner's attitude is unconsciously influenced by the fact that a portion of his income depends upon this line of work, and this is true whether he represents the claimant's interests or is retained by the defense. It is to be hoped that eventually both the claimant and the defense will have

a right to retain the services of an examining physician and have the benefit of his testimony, but that the Court, upon its own motion, shall have the right to appoint, say not to exceed three, physicians who shall be afforded full and complete opportunity of examination, and that as a consequence of their being retained by the Court, and their fees paid out of court costs, their testimony will be untainted by any unconscious or sub-conscious desire to serve either party.

Each of our professions has a language of its own. The medical witness very naturally adopts terms, phrases and a language which usually is entirely "over the heads" of the jury, and we may say "over the head" of the attorney. The language of the medical witness should be simplified as much as possible. His worth as a witness in the case is dependent upon, not the use of technical terms, but upon his portraying by simple, every day language his ideas and convictions.

The ideas set out above are but an attempt to bring to our mutual attention questions of interest to both of our professions and are for the purpose of prompting an inquiry as to what can better our mutual relations. If the writer, through his limited experience, has been of any assistance in the furtherance of a better understanding, he is amply repaid and would take it as an expression of confidence to assist in a more complete understanding.

W. P. Barnum.



I SOLEMNLY SWEAR

Medical witnesses, as other witnesses, must solemnly swear to tell the truth before testifying. Solemnly swearing is a custom of the court system, but the swearing that occurs after the testimony is a matter of one's own business.

Physicians, as a rule, are quite proficient in swearing, as everyone knows, and it is seldom that one comes from the witness chair without having the desire to swear a little more and in a different manner. This no doubt is due to the

attitude of the legal profession toward medical experts or other witnesses. They seem to have a great desire to intimidate and terrify the witness. Sometimes he comes from the witness chair in such a state of confusion that he is not normal for the balance of the day.

One medical witness recently came here from Cleveland, and after being quizzed and cross-questioned by one of our attorneys, was so confused that he left the courthouse with another man's hat and



still another man's coat. He got all the way to Cleveland before he realized that he did not have on his own apparel.

Again, we come in contact with attorneys who are very gentle and still thorough in their questioning, and it would seem that they gain more from the witness than the attorney who bellows loudly and almost threatens and attempts to intimidate the doctor. Attorneys are not the only ones at fault. We have, in the medical profession, members who possibly may not be entirely accurate in their statements in court, unintentionally, of course.

Solemnly swearing recalls a situation which daily occurred in the court of one of our large cities. The Bailiff swore in the witness as follows: He would say:

"Raisaraihanyousolsweartelltruwholetruannuthinelsbuttru.

Swelp you God."

He ran the words together so that the last part was the only part the witness understood.

Many physicians seem to feel that in being medical witnesses they must know the answers to any and all questions propounded, and they try to answer whether they know the answer or not.

A physician was once testifying here in a damage suit in which the claim was that the old fashioned sacro-iliac injury had been sustained by the plaintiff. The physician mentioned said that there was no evidence whatsoever of a sacro-iliac disturbance; whereupon the plaintiff's attorney proceeded as follows:

Q. "Doctor, you have many books on sacro-iliac disturbance, have you not?

A. Yes.

Q. Have you read "Jones"?

A. Yes.

Q. Have you read "Albee"?

A. Yes.

Q. And you subscribe to what they say?

A. Yes.

And he went on to mention many more orthopedists, and to each inquiry the doctor agreed that he had read the books. Finally the attorney said:

Q. Have you read "Van Duesen"?

A. Yes.

Q. And you subscribe to what he said?

A. Yes.

Then the attorney grinned broadly and said, "I am very glad you subscribe to what Van Duesen says. I also agree with him. The book is here if you wish to see it. It is a fisherman's manual." The doctor of course looked very foolish and his testimony was completely lost because the jury could not believe him.

It would seem that our system is bad, as far as expert testimony is concerned, and a system whereby a group of four or five physicians appointed jointly by the judges, the defendant and plaintiff's attorneys and the Medical Society would give more satisfactory results. It would eliminate the brow-beating and intimidation of the physicians in court and would help much in arriving at a correct diagnosis and prognosis.

Imagine a physician going into court and swearing that a broken leg, if it healed, was stronger and better than one not broken! Most any one would doubt that, but if he believed it he might think that if we had all our bones broken, as a health measure, it would be advantageous.

On the whole this business of being a medical witness is not so "hot", and even after solemnly swearing to tell the truth, the impression the doctor gains or has is that even if he is telling the absolute truth as best he can everyone seems to think he is lying like the devil. Probably the jury, judge and attorneys don't think this at all, but that is the impression the medical witness carries away.

To show how some attorneys doubt the veracity of medical witnesses, particularly if he be on the opposite side of the case, the following incident is apropos:

An attorney, in an outer room of one of our courts, saw a doctor there, who usually was on the defense side of the case and was seen frequently in court. The doctor was limping around the room and this particular attorney said, "What is

the matter, doctor?" The doctor stated that he had rheumatism in both legs. The attorney asked if it was painful, and was answered in the affirmative; whereupon the quick-witted attorney said: "Why, doctor, I didn't know you even believed in pain".

I wish we could all get together and work for a change in our methods; the change it seems might be made and the results might be

better. All in all, justice usually prevails. The attorneys are mostly good fellows and the doctors are mostly a pretty fair lot, but this being "razzed" in a court room is a source of terror to most physicians, and the poor physician has no recourse unless, perchance, he is fortunate enough to have the privilege of removing adhesive plaster from the attorney's hairy chest at some future time.

L. E. Phipps, M. D.

MEDICAL CLEANINGS

Dr. Sidney McCurdy on May 2nd, 1933, addressed the Buckeye P. T. A. on "Sex Problems in Childhood".

The following physicians of our city attended the Northeastern Ohio Fracture Group meeting in Cleveland, Ohio, on May 18th, 1933: Dr. J. U. Buchanan, Dr. E. B. McElhany, Dr. J. P. Harvey, Dr. E. C. Baker, Dr. J. L. Fisher, Dr. Sidney McCurdy, Dr. W. W. Chambers, Dr. Sam Tamarkin, Dr. O. D. Hudnut and Dr. R. R. Morrall.

Dr. Henry Osborn met with a rather serious accident on May 20th, 1933, when he was struck by a motorcycle. At present he is back at work.

Dr. A. E. Brant on May 31, 1933, addressed the Youngstown College on "Anesthesia".

Dr. Jos. Rosenfeld has been taking a course in "Allergy" at the New York Post Graduate School, and has now returned to practice.

Dr. A. E. Brant and staff composed of Drs. Dean Nesbit, James L. Fisher, and Paul Kaufman, on May 23rd, 1933, addressed the staff of the Youngstown Hospital on "Intestinal Obstruction".

Dr. Charles Scofield on May 25th, 1933, addressed the Taft P. T. A. on "Importance of Pre-School Round Up".

Dr. Sidney McCurdy leaves for his summer cottage in Vermont on June 15th, 1933, for a three months' stay. Hiss address is Dr. Sidney McCurdy, East Street, Johnsbury, Vermont.

Dr. Joseph Nagel of Girard, Ohio, has removed his office to Oil City, Pa.

Dr. J. R. Buchanan, a former resident of the Youngstown Hospital, who is studying Orthopedics at the Children's Hospital in Iowa City, Iowa, is visiting his family in Youngstown.

Dr. Sam Weaver, one of our former residents of the Youngstown Hospital, who is studying in New York, made a short visit to Youngstown.

Dr. Herman Zeve, who has been studying Urology at the New York Post Graduate School and Hospital, was in Youngstown over the holidays and will be back to stay in Youngstown after July 1st, 1933.

Dr. John Zimmerman is up and about but is unable to do his regular work because of a painful back condition.

Dr. Nicholas J. Nardacci has resigned as City physician of Youngstown.

Dr. Herman A. Kling has been appointed as one of the City physicians of Youngstown.



SERVICE WITHOUT SELF COMMERCIALISM

In these days when organizations of so-called farmers are reported by the public press throughout the country as definitely planning to "starve the country into the recognition of their demand for a guarantee of cost-plus on farm commodities", it is comforting to believe that no organization of medical men has taken a similar position of "let them suffer; let them die, unless we get ours".

No doubt at hundreds of meetings of medical societies during the past few months there has been discussed the pressing problem of how the private practitioner may continue to give a good quality of sickness service to those unable to pay. Not only have we heard of no selfish, destructive plans recommended or adopted, but, on the contrary, we have heard of scores of plans whose adoption would aid in solving the difficulties of the present emergency, as well as eventually result in great improvement in the means for distributing good medical service to the families of the indigent and those who constantly border on indigency.

In Battle Creek, Michigan, a plan was adopted, under a recent enactment of the legislature, making all forms of relief to the indigent a problem for each city and township, instead of the county as a whole.

As a means of attempting to minimize chronic indigency, the Battle Creek plan includes the signing by each patient of a note and agreement to pay back to the city any money expended in behalf of fuel and medical care. The note also includes an agreement with the individual permitting his future employer to deduct ten per cent from earnings to repay such expenditures. This plan, involving an unsecured loan, should protect the dignity of the worthy seeker of relief, and at the same time, discourage unnecessary requests.

In Oakland County, Michigan, where in the city of Pontiac alone there were 2400 families on the welfare list, the medical relief problem was met by a contract plan drawn between the organization of physicians and the municipal corporation of Pontiac.

Great strides are being made by The Wayne County Medical Society, toward meeting the problem in the City of Detroit. It becomes evident, we believe, that organizations of physicians will eventually meet this issue.

Pittsburgh Medical Bulletin.

Dr. Joseph Rosenfeld

announces that he is now equipped for the diagnosis and treatment of ALLERGIC diseases.

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SOLESTHEROLOGY

The doctors are all enthused about their Bulletin. They read the ads and discuss them. Better yet, the advertisers report that the medical profession is supporting them. This is good news to the Business Office.

Look for the letter in this issue from Jack Lotze, who represents General Tires, the "Aristocrat" of tires. At press time we learn that Mr. Lotze is the proud father of twin girls. Congratulations. Do little girls "tire"? Yes, but never at night.

We welcome the Union National Bank as an advertiser and we appreciate their support.

Emil Renner injects a mystery into this issue. Read his ad and see if you can solve it.

The Business Office has commis-

sioned Frank Carr, the genial manager of Bixler Baking Company, to investigate this and report back. Bixler's Rye Bread is compatible with Renner's product. Who has the onion?

The Business Office is in receipt of good news. Curt Allison of Shriver-Allison Co., is much improved and is on his way home. By the time you read this he will be back on the job. We all welcome him home, and hope he stays home.

Frank Lyons, Lyons-Laeri;— Haven't heard from you, as yet, on that F. P. Ad!

To the out of town readers, who did not return their questionnaire card, which was enclosed in the May issue, we suggest that they do so, if they wish to continue to receive the Bulletin.

P. J. F.

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Report of Communicable Diseases, May 1933

	Youngstown	County	Campbell	Struthers	Muni. Hosp.
Chicken Pox	52	19		10	
German Measles		17			
Mumps	2	24			
Pneumonia		7	1	1	
Scarlet Fever	119	13		1	5
Whooping Cough	51	27			
Syphilis	7	1	3		14
Impetigo			1		
Pulmonary T. B.	19		1		
T. B. Abscess of Hip.....			1		
T. B. Meningitis				1	
Diphtheria	2				
Measles	8				
Small Pox	3				3
LaGrippe	3				
Ophth. Neonat.	2				
Septic Sore Throat.....					1



FROM THE CITY HEALTH COMMISSIONER

The total number of cases of communicable diseases reported to the City Health Department, and in the Municipal Hospital does not show any decrease for the month of May as compared with the month of April.

The total number for April being 289 and 290 for May. The last issue of the Bulletin gave the number of Scarlet Fever cases for the city as 24 and it should have been 99.

The number of Scarlet Fever cases for May is 119. This is a very decided increase, and parents and doctors should use every precaution to obtain an early diagnosis and report the same promptly. This is our only method of cooperation to insure prompt action in controlling the spread of this disease.

It will also be noted that there were two cases of Ophthalmia for the month. Special mention was made in a previous edition of the Bulletin regarding such cases. The State Law requires that all such cases be reported within six hours after they are discovered. This is especially important if application is to be made for State Aid.

The Health Commissioner wishes to announce the appointment of Dr. Herman A. Kling to the staff of City Physicians. The city physicians take care of indigent sick who are unable to leave the home. All ambulatory cases are treated at the dispensaries of St. Elizabeth's Hospital and the South Side Unit of Youngstown Hospital. Calls for the city physicians are being handled through the Nurses Official Registry and the phone number is 6-6641. This service is available 24 hours a day.

C. H. Beight, M. D.

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COLLECTION AGENCY	CO-OPERATIVE ADJUSTING CO.	Phone 4-4571
CORSETS	MRS. HELEN MANTLE (Spencer)	Phone 3-6589
DECONGESTANT	ANTIPHLOGISTINE-DENVER CHEMICAL CO.	Prescribe It.
DRY CLEANING	EARL M. BLAIR, Inc.	Phone 4-4228
FLOWERS	PAUL SCHMIDT	Phone 2-4212
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	S. M. A. CORPORATION	Specify S. M. A.
INVALID COACH	SIRIVER-ALLISON CO.	Phone 4-4241
	FRED B. KING & SONS	Phone 6-5102
MILK	INDIAN CREEK FARM	Phone 2-2344
PARKING STATION	CENTRAL SQUARE GARAGE	Phone 3-5167
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	WESCOTT-ABBOTT—D. R. L. & SWAN MYERS	Specify.
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	A. J. LAERI APOTHECARY Shoppe	Phone 7-3116
	IDORA PHARMACY	Phone 2-1513
	GOODMAN BROTHERS	Phone 6-6151
	McCREADY DRUG CO.	Phone 7-5239
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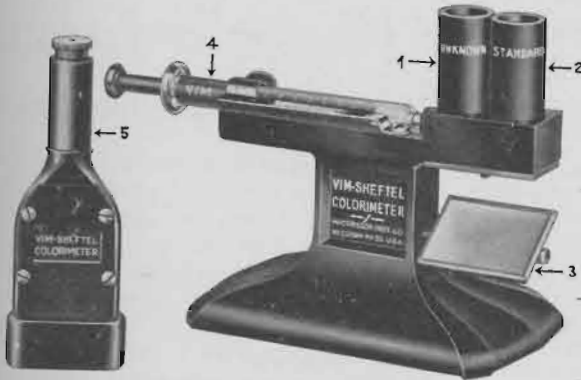
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Therefore it must and does look good.

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Purity of milk supply, sometimes
taken for granted, is becoming ques-
tionable under present conditions,
with farmers in some sections boot-
legging raw or improperly pasteur-
ized milk into cities. (See editorial
J. A. M. A. Nov. 5, 1932).

This is particularly unfortunate, as
every physician knows, in respect to
infant feeding.

Since 1921, when S. M. A. was first
offered to the medical profession, it
has been made only from fresh milk
of the highest grade from an accred-
ited dairy area where all herds are
tuberculin tested under state and
government supervision and where
all farms are under complete farm
inspection, in accordance with stand-
ard dairy requirements. In addition
to the high standards of the district,
S. M. A. Corporation enforces its own
standards which are still higher.

Purity of milk supply is just as
important as ever, but appears to
be in danger of being overlooked.
This purity is one factor which causes
S. M. A. to produce excellent nutri-
tional results more simply and more
quickly.

Physicians who prescribe S. M. A.
for their patients know that the pur-
ity is unquestionable, besides the fact
that S. M. A. is the closest approx-
imation of nature's own formula for
the human infant both chemically
and physically.

It is simple to prescribe, simple for
the mother to prepare and produces
exceptional nutritional results in most
cases

Adv.

When we say S·M·A is "Like Breast Milk"

We mean similar in all these ways—

Fat

Not only does S. M. A., when ready to feed, have the same total amount of fat as human milk, but S. M. A. fat also resembles human milk fat in having the same chemical and physical characteristics. S. M. A. fat has the same Saponification number, Iodine number, Reichert-Meissl number, Polenske number, Melting point, and Refractive index as the fat in mothers' milk. We mean these things when we say "Like Breast Milk."

Protein

S. M. A. has the same percentage of protein as breast milk and this protein, as a result of the laboratory processing, has a curd tension close to that of breast milk, producing a soft fluid curd instead of a hard curd like cows' milk. This is one thing we mean when we say "Like Breast Milk."

Carbohydrate

S. M. A. has the same percentage of carbohydrate as breast milk and the same kind, namely lactose. Furthermore, this is a combination of alpha and beta lactose in the same proportion as it occurs in human milk, thus making it identical with the "natural" lactose found in breast milk. We mean this, too, when we say "Like Breast Milk."

Buffer

The buffer value of S. M. A. is the same as that of breast milk. This means that the pH of the stomach contents after ingestion of S. M. A. are the same as after the ingestion of breast milk. This is in contrast to the strain on the gastric glands caused by the feeding of formulas having incorrect buffer capacities such as ordinary cows' milk formulas. This identical pH is another reason why we say S. M. A. is "Like Breast Milk."

Digestibility

S. M. A. may be used for infants of any age with excellent results, either when breast milk is not available or as a supplement to breast milk. Since S. M. A. is so similar to breast milk, such combinations are very readily made with excellent results. Furthermore, because the buffer value of S. M. A. is the same as that of breast milk, S. M. A. imposes no extra load on the digestive system with the result that the gastric emptying time is the same as when breast milk is fed. These are two of the things we mean when we say "Like Breast Milk."

Stools

The stools of S. M. A. in most instances have the same color, odor and consistency as those

produced by human milk; and when stained according to the Weigert-Escherich stain show the bacterial flora to be predominately acidophile. This is another thing we mean when we say "Like Breast Milk."

Minerals

The mineral content of S. M. A. is adjusted so that it contains adequate amounts of potassium, sodium, magnesium, calcium, phosphorus, iron, copper, chlorides and sulphates according to the standards set by human milk itself. Therefore in these respects also S. M. A. is "Like Breast Milk."

Other Physical Characteristics

S. M. A. has a caloric value of 20 per ounce, a pH of 7.0, a depression of freezing point of 0.56, and an electrical conductivity of 0.0022, and these are all the same as the corresponding values for breast milk. So in these respects also we say S. M. A. is "Like Breast Milk."

Antirachitic Factor

Breast fed babies are customarily given cod liver oil to prevent rickets and spasmophilia. S. M. A. contains enough cod liver oil to prevent rickets and spasmophilia. S. M. A. is therefore a distinct advance and we are pleased to admit that in this respect S. M. A. is not "Like Breast Milk."

IT IS TRUE that there are many meritorious infant feeding methods that produce satisfactory results when supervised by a physician. However most physicians agree that breast milk is the ideal food when available. Therefore we sincerely invite your consideration of S. M. A. for infants deprived of breast milk not only because it resembles breast milk so closely and prevents rickets and spasmophilia but also because S. M. A. produces results more simply and more quickly.

It was demand created by news of such results that caused S. M. A. to be offered to the medical profession generally in 1921. Since then, the excellent results produced by intelligent prescribing of S. M. A. have caused physicians to prescribe it for hundreds of thousands of infants. Today S. M. A. is available practically everywhere in the United States and in several foreign countries.

What is S·M·A?

S. M. A. is a food for infants—derived from tuberculin tested cows' milk, the fat of which is replaced by animal and vegetable fats including biologically tested cod liver oil; with the addition of milk sugar, potassium chloride and salts; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrates and ash, in chemical constants of the fat and in physical properties.

S·M·A Corporation

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